

## Ambulatory Surgical Facilities

DHEC Regulation 61-91

Name of Facility  
Location Street  
Location City, State  
Administrator

License#/Expiration  
County/Ownership Type  
Mailing Address  
Licensee

**AMBULATORY SURGERY CENTER OF SPARTANBURG**

720 N PINE ST  
SPARTANBURG, SC 29303-3127 FACILITY #:864-504-3555  
PANKEY, MICHAEL E PH#: 864-560-5800  
Facility Email: MPANKEY@SRHS.COM  
Fac. Cont. Email: MPANKEY@ASCSPARTANBURG.COM

ASF-0064 / 04/30/2014  
Spartanburg / Limited Liability  
720 N PINE ST  
SPARTANBURG, SC 29303-3127  
AMBULATORY SURGERY CENTER OF SPARTANBURG LLC

Operating Rooms: 7

Endoscopy Rooms: 2

Procedure Rooms: 0

Total Number Units: 9

Certified For:

**AMBULATORY SURGICAL CENTER OF AIKEN**

4211 TROLLEY LINE RD  
AIKEN, SC 29801-2749 FACILITY #:803-648-2840  
HINER, ERIC A PH#: 803-648-2840  
Facility Email: ERIC@AIKENSURGERY.COM  
Fac. Cont. Email: ERIC@AIKENSURGERY.COM

ASF-0096 / 11/30/2014  
Aiken / Limited Liability  
4211 TROLLEY LINE RD  
AIKEN, SC 29801-2749  
AMBULATORY SURGICAL CENTER OF AIKEN LLC

Operating Rooms: 4

Endoscopy Rooms: 1

Procedure Rooms: 1

Total Number Units: 6

Certified For:

**ANMED HEALTH MEDICUS SURGERY CENTER**

107 PROFESSIONAL CT  
ANDERSON, SC 29621-2052 FACILITY #:864-716-7900  
KAY, ANGELA R PH#: 864-716-7900  
Facility Email: ANGIEKAY@MEDICUS1.COM  
Fac. Cont. Email: ANGIEKAY@MEDICUS1.COM

ASF-0100 / 04/30/2014  
Anderson / Limited Liability  
PO BOX 1886  
ANDERSON, SC 29622-1886  
ANMED HEALTH MEDICUS SURGERY CENTER LLC

Operating Rooms: 3

Endoscopy Rooms: 0

Procedure Rooms: 2

Total Number Units: 5

Certified For:

## Ambulatory Surgical Facilities

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**BAY MICROSURGICAL UNIT**

1200 HIGHMARKET ST  
GEORGETOWN, SC 29440-3227 FACILITY #:843-546-8421  
SPRING, JANET R PH#: 843-546-8421  
Facility Email: JSPRING@COASTALEYEGROUP.COM  
Fac. Cont. Email: No Facility Contact Email on Record

ASF-0090 / 11/30/2014  
Georgetown / Corporation  
PO BOX 2900  
GEORGETOWN, SC 29442-2900  
BAY MICROSURGICAL UNIT INC

Operating Rooms: 1  
Endoscopy Rooms: 0  
Procedure Rooms: 0  
Total Number Units: 1

Certified For:

**BEARWOOD AMBULATORY SURGERY CENTER**

3031 N HWY 81  
ANDERSON, SC 29621-3621 FACILITY #:864-226-7371  
HOLDREDGE, SUSAN S PH#: 864-226-7371  
Facility Email: No Facility Email on Record  
Fac. Cont. Email: No Facility Contact Email on Record

ASF-0021 / 12/31/2013  
Anderson / Partnership  
3031 N HWY 81  
ANDERSON, SC 29621-3621  
BEARWOOD AMBULATORY SURGERY CENTER PA

Operating Rooms: 1  
Endoscopy Rooms: 0  
Procedure Rooms: 0  
Total Number Units: 1

Certified For:

**BERKELEY ENDOSCOPY CENTER**

1072 WILDWOOD CENTRE DR  
COLUMBIA, SC 29229-8420 FACILITY #:803-788-1120  
CHOCKALINGAM, SIVA K PH#: 803-788-1120  
Facility Email: No Facility Email on Record  
Fac. Cont. Email: No Facility Contact Email on Record

ASF-0104 / 01/31/2014  
Richland / Ltd. Liability  
1072 WILDWOOD CENTRE DR  
COLUMBIA, SC 29229-8420  
BERKELEY ENDOSCOPY CENTER LLC

Operating Rooms: 0  
Endoscopy Rooms: 2  
Procedure Rooms: 0  
Total Number Units: 2

Certified For:

## Ambulatory Surgical Facilities

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**BLUE RIDGE SURGERY CENTER**

10630 CLEMSON BLVD STE 200

SENECA, SC 29678-4545 FACILITY #:864-482-5100

AUGUSTINE RN, MARY H PH#: 864-482-5100

Facility Email: L&amp;C@AMSURG.COM

Fac. Cont. Email: No Facility Contact Email on Record

Operating Rooms: 2

Endoscopy Rooms: 0

Procedure Rooms: 0

Total Number Units: 2

ASF-0068 / 09/30/2014

Oconee / Ltd. Liability

PO BOX 4229

PORTLAND, OR 97208-4229

BLUE RIDGE-CLEMSON ORTHOPAEDIC ASC LLC

Certified For:

**BLUFFTON-OKATIE OUTPATIENT CENTER**

40 OKATIE CENTER BLVD S STE 125

OKATIE, SC 29909-7510 FACILITY #:843-705-8804

MAHONEY, TERRI-MARIE PH#: 843-705-8804

Facility Email: TERRI.MAHONEY@TENETHEALTH.COM

Fac. Cont. Email: TERRI.MAHONEY@TENETHEALTH.COM

Operating Rooms: 2

Endoscopy Rooms: 1

Procedure Rooms: 1

Total Number Units: 4

ASF-0075 / 08/31/2014

Beaufort / Corporation

40 OKATIE CENTER BLVD S STE 125

OKATIE, SC 29909-7510

SOUTH CAROLINA HEALTH SERVICES INC

Certified For:

**BON SECOURS ST FRANCIS SURGERY CENTER**

209 PATEWOOD DR STE 300

GREENVILLE, SC 29615-3592 FACILITY #:864-254-5850

BROOKS, KELLI J PH#: 864-254-5850

Facility Email: ABROWN@SYMBION.COM

Fac. Cont. Email: No Facility Contact Email on Record

Operating Rooms: 2

Endoscopy Rooms: 0

Procedure Rooms: 0

Total Number Units: 2

ASF-0067 / 09/30/2014

Greenville / Corporation

209 PATEWOOD DR STE 300

GREENVILLE, SC 29615-3592

ST FRANCIS HOSPITAL INC

Certified For:

## Ambulatory Surgical Facilities

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**CAROLINA AMBULATORY SURGERY CENTER**

110 PEPPER HILL WAY  
AIKEN, SC 29801-2818 FACILITY #:803-642-6060  
HUTTO, CHRISTY K PH#: 803-642-6060  
Facility Email: CKHUTTORN@HOTMAIL.COM  
Fac. Cont. Email: DKROK@MAC.COM

ASF-0101 / 05/31/2014  
Aiken / Corporation  
110 PEPPER HILL WAY  
AIKEN, SC 29801-2818  
CASC ACQUISITION INC

Operating Rooms: 1

Endoscopy Rooms: 0

Procedure Rooms: 1

Total Number Units: 2

Certified For:

**CAROLINA BONE AND JOINT SURGERY CENTER**

101 SURGEONS DR  
MYRTLE BEACH, SC 29579-5198 FACILITY #:843-236-6633  
SKIPPER, PAMELA W PH#: 843-236-6633  
Facility Email: PAM@SCCOAST.NET  
Fac. Cont. Email: GKAPSHUC@SCCOAST.NET

ASF-0077 / 11/30/2014  
Horry / Ltd. Liability  
101 SURGEONS DR  
MYRTLE BEACH, SC 29579-5198  
CAROLINA BONE AND JOINT SURGERY CENTER LLC

Operating Rooms: 3

Endoscopy Rooms: 0

Procedure Rooms: 1

Total Number Units: 4

Certified For:

**CAROLINA SURGICAL CENTER**

198 S HERLONG AVE  
ROCK HILL, SC 29732-1156 FACILITY #:803-327-4664  
MASTERTON, WILLIAM PH#: 803-329-6829  
Facility Email: LORI.WILLIS@TENETHEALTH.COM  
Fac. Cont. Email: No Facility Contact Email on Record

ASF-0028 / 02/28/2014  
York / Limited Liability Limited Partnership  
PO BOX 3212  
ROCK HILL, SC 29732-5212  
ROCK HILL SURGICAL CENTER LP

Operating Rooms: 4

Endoscopy Rooms: 0

Procedure Rooms: 0

Total Number Units: 4

Certified For:

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**CENTER FOR ORTHOPAEDIC SURGERY**

118 PROFESSIONAL PARK DR  
ROCK HILL, SC 29732-1178 FACILITY #:803-329-3134  
ELKINS, MARY F PH#: 803-329-3134  
Facility Email: MELKINS@C-OSA.COM  
Fac. Cont. Email: MELKINS@C-OSA.COM

ASF-0105 / 05/31/2014  
York / Ltd. Liability  
PO BOX 37655  
ROCK HILL, SC 29732-0528  
CENTER FOR ORTHOPAEDIC SURGERY LLC

Operating Rooms: 3

Endoscopy Rooms: 0

Procedure Rooms: 2

Total Number Units: 5

Certified For:

**CHARLESTON ENDOSCOPY CENTER**

1962 CHARLIE HALL BLVD  
CHARLESTON, SC 29414-5837 FACILITY #:843-722-8000  
PUNTENEY, WANDA M PH#: 843-722-8000  
Facility Email: KIM.OWEN@CHARLESTONGI.COM  
Fac. Cont. Email: STEPHANIE.ANDREWS@CHARLESTONGI.COM

ASF-0079 / 01/31/2014  
Charleston / Limited Liability  
1962 CHARLIE HALL BLVD  
CHARLESTON, SC 29414-5837  
CHARLESTON ENDOSCOPY CENTER LLC

Operating Rooms: 0

Endoscopy Rooms: 4

Procedure Rooms: 0

Total Number Units: 4

Certified For:

**CHARLESTON SURGERY CENTER**

2690 LAKE PARK DR  
NORTH CHARLESTON, SC 29406-9108 FACILITY #:843-764-0992  
MEDLEY, HELENE PH#: 843-764-0992  
Facility Email: HELEN.MEDLEY@SCASURGERY.COM  
Fac. Cont. Email: ROSINA.FEAGIN@HEALTHSOUTH.COM

ASF-0011 / 03/31/2014  
Charleston / Limited Liability Limited Partnership  
2690 LAKE PARK DR  
NORTH CHARLESTON, SC 29406-9108  
CHARLESTON SURGERY CENTER LP

Operating Rooms: 4

Endoscopy Rooms: 1

Procedure Rooms: 1

Total Number Units: 6

Certified For:

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**COLLETON AMBULATORY SURGERY CENTER**

304 MEDICAL PARK DR  
WALTERBORO, SC 29488-5743 FACILITY #:843-782-2700  
BYNUM, WILLIAM S PH#: 843-782-2700  
**Facility Email:** WILLIAM.BYNUM@HCAHEALTHCARE.COM  
**Fac. Cont. Email:** No Facility Contact Email on Record

ASF-0035 / 06/30/2014  
Colleton / Ltd. Liability  
304 MEDICAL PARK DR  
WALTERBORO, SC 29488-5743  
COLLETON AMBULATORY CARE LLC

**Operating Rooms:** 2  
**Endoscopy Rooms:** 1  
**Procedure Rooms:** 0  
**Total Number Units:** 3

**Certified For:****COLORECTAL ENDOSURGERY INSTITUTE OF THE CAROLINAS**

1439 STUART ENGALS BLVD UNIT 100  
MOUNT PLEASANT, SC 29464-3686 FACILITY #:843-853-7730  
PALMER, WENDY PH#: 843-789-0099  
**Facility Email:** RBRUSTINMD@YAHOO.COM  
**Fac. Cont. Email:** No Facility Contact Email on Record

ASF-0116 / 10/31/2014  
Charleston / Limited Liability  
1439 STUART ENGALS BLVD UNIT 100  
MOUNT PLEASANT, SC 29464-3686  
COLORECTAL ENDOSURGERY INSTITUTE OF THE CAROLINAS LLC

**Operating Rooms:** 0  
**Endoscopy Rooms:** 2  
**Procedure Rooms:** 0  
**Total Number Units:** 2

**Certified For:****COLUMBIA EYE SURGERY CENTER**

1920 PICKENS ST  
COLUMBIA, SC 29201-2632 FACILITY #:803-254-7732  
WATERS, LISA C PH#: 803-254-7732  
**Facility Email:** 1WATERS@COLUMBIAEYECLINIC.COM  
**Fac. Cont. Email:** No Facility Contact Email on Record

ASF-0018 / 07/31/2014  
Richland / Corporation  
1920 PICKENS ST  
COLUMBIA, SC 29201-2632  
COLUMBIA EYE SURGERY CENTER INC

**Operating Rooms:** 4  
**Endoscopy Rooms:** 0  
**Procedure Rooms:** 2  
**Total Number Units:** 6

**Certified For:**

## Ambulatory Surgical Facilities

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**COLUMBIA GASTROINTESTINAL ENDOSCOPY CENTER**

2739 LAUREL ST STE 1B

COLUMBIA, SC 29204-2028 FACILITY #:803-254-9588

SEASE RN, CINDY G PH#: 803-254-9588

Facility Email: L&amp;C@AMSURG.COM

Fac. Cont. Email: CSEASE@COLUMBIAGI.COM

Operating Rooms: 0

Endoscopy Rooms: 4

Procedure Rooms: 0

Total Number Units: 4

ASF-0032 / 09/30/2014

Richland / Ltd. Liability

20 BURTON HILLS BLVD STE 500

NASHVILLE, TN 37215-6176

COLUMBIA ASC LLC

Certified For:

**ELMS ENDOSCOPY CENTER**

2671 ELMS PLANTATION BLVD

NORTH CHARLESTON, SC 29406-9165 FACILITY #:843-735-7651

MONTGOMERY, ANGELA D PH#: 843-797-6800

Facility Email: L&amp;C@AMSURG.COM

Fac. Cont. Email: No Facility Contact Email on Record

Operating Rooms: 0

Endoscopy Rooms: 3

Procedure Rooms: 0

Total Number Units: 3

ASF-0098 / 03/31/2014

Charleston / Ltd. Liability

20 BURTON HILLS BLVD STE 500

NASHVILLE, TN 37215-6176

ELMS ENDOSCOPY CENTER LLC

Certified For:

**ENDOSCOPY CENTER OF THE UPSTATE**

14 HAWTHORNE PARK CT

GREENVILLE, SC 29615-3194 FACILITY #:864-331-0364

BAILEY, DEBORAH J PH#: 864-331-0364

Facility Email: No Facility Email on Record

Fac. Cont. Email: DBAILEY@UPSTATEENDOSCOPY.COM

Operating Rooms: 0

Endoscopy Rooms: 3

Procedure Rooms: 0

Total Number Units: 3

ASF-0086 / 07/31/2014

Greenville / Ltd. Liability

20 BURTON HILLS BLVD STE 500

NASHVILLE, TN 37215-6176

GREENVILLE ASC LLC

Certified For:

## Ambulatory Surgical Facilities

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**FLORENCE SURGERY AND LASER CENTER**

400 N CASHUA DR

FLORENCE, SC 29501-2098 FACILITY #:843-664-9398

GRANTHAM, EMILY G PH#: 843-664-9398

Facility Email: LORIB@CCFS2020.COM

Fac. Cont. Email: No Facility Contact Email on Record

Operating Rooms: 2

Endoscopy Rooms: 0

Procedure Rooms: 0

Total Number Units: 2

ASF-0070 / 03/31/2014

Florence / Ltd. Liability

400 N CASHUA DR

FLORENCE, SC 29501-2098

FLORENCE SURGERY AND LASER CENTER LLC

Certified For:

**GEORGETOWN ENDOSCOPY CENTER**

2361 N FRASER ST

GEORGETOWN, SC 29440-6410 FACILITY #:843-436-1000

PH#:

Facility Email: DOWENS@GEORGETOWNHOSPITALSYSTEM.ORG

Fac. Cont. Email: No Facility Contact Email on Record

Operating Rooms: 0

Endoscopy Rooms: 1

Procedure Rooms: 0

Total Number Units: 1

ASF-0106 / 08/31/2014

Georgetown / Limited Liability

2361 N FRASER ST

GEORGETOWN, SC 29440-6410

GEORGETOWN MEMORIAL HOSPITAL

Certified For:

**GHS CROSS CREEK SURGERY CENTER**

9 DOCTORS DR, CROSS CREEK MEDICAL PLAZA

GREENVILLE, SC 29605-4266 FACILITY #:864-455-8400

JOHNSON, PAUL PH#: 864-455-8400

Facility Email: NSALLY@GHS.ORG

Fac. Cont. Email: No Facility Contact Email on Record

Operating Rooms: 4

Endoscopy Rooms: 0

Procedure Rooms: 0

Total Number Units: 4

ASF-0019 / 02/28/2014

Greenville / District

300 E MCBEE AVE STE 200

GREENVILLE, SC 29601-2898

GREENVILLE HEALTH SYSTEM

Certified For:



## Ambulatory Surgical Facilities

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Licensee

**GHS PATEWOOD OUTPATIENT SURGERY CENTER**

200 PATEWOOD DR  
GREENVILLE, SC 29615-3593 FACILITY #:864-454-2600  
HAINES, BEVERLY PH#: 864-454-2600

**Facility Email:** No Facility Email on Record

**Fac. Cont. Email:** No Facility Contact Email on Record

**Operating Rooms:** 6

**Endoscopy Rooms:** 2

**Procedure Rooms:** 0

**Total Number Units:** 8

ASF-0040 / 05/31/2014

Greenville / District

300 E MCBEE AVE STE 200  
GREENVILLE, SC 29601-2898  
GREENVILLE HEALTH SYSTEM

**Certified For:**

**GRANDE DUNES SURGERY CENTER**

1021 MEDICAL CIR STE 100  
MYRTLE BEACH, SC 29572-4618 FACILITY #:843-449-7885  
DANIELS, WILLIAMS M PH#: 843-449-7885

**Facility Email:** WILLIAM.DANIELS@HCAHEALTHCARE.COM

**Fac. Cont. Email:** No Facility Contact Email on Record

**Operating Rooms:** 3

**Endoscopy Rooms:** 1

**Procedure Rooms:** 1

**Total Number Units:** 5

ASF-0069 / 01/31/2014

Horry / Ltd. Liability

1021 MEDICAL CIR STE 100  
MYRTLE BEACH, SC 29572-4618  
CAROLINA REGIONAL SURGERY CENTER LTD

**Certified For:**

**GREENVILLE ENDOSCOPY CENTER**

317 SAINT FRANCIS DR STE 150  
GREENVILLE, SC 29601-3914 FACILITY #:864-232-7338  
SWOYER, REBECCA K PH#: 864-232-7338

**Facility Email:** No Facility Email on Record

**Fac. Cont. Email:** RSWOYS@AOL.COM

**Operating Rooms:** 0

**Endoscopy Rooms:** 3

**Procedure Rooms:** 0

**Total Number Units:** 3

ASF-0027 / 02/28/2014

Greenville / Corporation

PO BOX 8555  
GREENVILLE, SC 29604-8555  
GREENVILLE ENDOSCOPY CENTER INC

**Certified For:**

## Ambulatory Surgical Facilities

DHEC Regulation 61-91

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Licensee

**GREENVILLE ENDOSCOPY CENTER AT PATEWOOD**

200 PATEWOOD DR STE B 100

GREENVILLE, SC 29615 FACILITY #:864-232-7338

SWOYER, REBECCA K PH#: 864-232-7338

Facility Email: RSWOYER@GASTROASSOCIATES.COM

Fac. Cont. Email: RSWOYER@GASTROASSOCIATES.COM

Operating Rooms: 0

Endoscopy Rooms: 3

Procedure Rooms: 0

Total Number Units: 3

ASF-0108 / 08/31/2014

Greenville / Corporation

PO BOX 8555

GREENVILLE, SC 29604-8555

GREENVILLE ENDOSCOPY CENTER INC

Certified For:

**GREENVILLE SURGERY CENTER**

5 MEMORIAL MEDICAL CT

GREENVILLE, SC 29605-4449 FACILITY #:864-272-3409

STILLS, DENISE PH#: 864-272-3409

Facility Email: DSTILLS@ASCOA.COM

Fac. Cont. Email: No Facility Contact Email on Record

Operating Rooms: 4

Endoscopy Rooms: 0

Procedure Rooms: 0

Total Number Units: 4

ASF-0017 / 06/30/2014

Greenville / Limited Liability Limited Partnership

5 MEMORIAL MEDICAL CT

GREENVILLE, SC 29605-4449

GREENVILLE SURGERY CENTER LP

Certified For:

**GREENWOOD ENDOSCOPY CENTER**

103 LINER DR

GREENWOOD, SC 29646-2311 FACILITY #:864-227-3838

RAMAGE III, ALBERT A PH#: 864-227-3838

Facility Email: TINA.PONDER@GMAIL.COM

Fac. Cont. Email: TINAPONDER@GMAIL.COM

Operating Rooms: 0

Endoscopy Rooms: 4

Procedure Rooms: 0

Total Number Units: 4

ASF-0022 / 05/31/2014

Greenwood / Corporation

103 LINER DR

GREENWOOD, SC 29649-2311

GREENWOOD ENDOSCOPY CENTER INC

Certified For:

## Ambulatory Surgical Facilities

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**JERVEY EYE CENTER**

1 DOCTORS DR  
GREENVILLE, SC 29605-4266 FACILITY #:864-250-6486  
BERRIOS CRNA, RON PH#: 864-250-6486  
Facility Email: RBERRIOS@JERVEY.COM  
Fac. Cont. Email: No Facility Contact Email on Record

ASF-0038 / 02/28/2014  
Greenville / Limited Liability  
1 DOCTORS DR  
GREENVILLE, SC 29605-4266  
JERVEY EYE CENTER LLC

Operating Rooms: 3

Endoscopy Rooms: 0

Procedure Rooms: 3

Total Number Units: 6

Certified For:

**LAKE MURRAY ENDOSCOPY CENTER**

100 PALMETTO HEALTH PKWY STE 100  
COLUMBIA, SC 29212-1748 FACILITY #:803-407-6767  
SEASE RN, CINDY G PH#: 803-407-6767  
Facility Email: No Facility Email on Record  
Fac. Cont. Email: CSEASE@COLUMBIAGI.COM

ASF-0076 / 10/31/2014  
Lexington / Ltd. Liability  
20 BURTON HILLS BLVD STE 500  
NASHVILLE, TN 37215-6176  
COLUMBIA ASC NORTHWEST LLC

Operating Rooms: 0

Endoscopy Rooms: 2

Procedure Rooms: 0

Total Number Units: 2

Certified For:

**LASER AND SKIN SURGERY CENTER**

15 HOSPITAL CENTER BLVD STE 2  
HILTON HEAD ISLAND, SC 29926-2760 FACILITY #:843-689-9200  
BUNDY, ALBERT THOMAS PH#: 843-689-9200  
Facility Email: HHDERM@ME.COM  
Fac. Cont. Email: No Facility Contact Email on Record

ASF-0059 / 09/30/2014  
Beaufort / Ltd. Liability  
15 HOSPITAL CENTER BLVD STE 2  
HILTON HEAD ISLAND, SC 29926-2760  
DERMATOLOGY SURGERY CENTER LLC

Operating Rooms: 2

Endoscopy Rooms: 0

Procedure Rooms: 0

Total Number Units: 2

Certified For:

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Licensee

**LOWCOUNTRY OUTPATIENT SURGERY CENTER**

93 SPRINGVIEW LN UNIT A  
SUMMERVILLE, SC 29485-8154 FACILITY #:843-285-6065  
MCQUISTON, JOYCE A PH#: 843-285-6065

Facility Email: No Facility Email on Record

Fac. Cont. Email: JOYCE.MCQUISTON@LOWCOUNTRYORTHO.COM

Operating Rooms: 2

Endoscopy Rooms: 0

Procedure Rooms: 2

Total Number Units: 4

ASF-0089 / 08/31/2014

Dorchester / Limited Liability

93 SPRINGVIEW LN UNIT A

SUMMERVILLE, SC 29485-8154

LOWCOUNTRY OUTPATIENT SURGERY CENTER LLC

Certified For:

**MCLEOD AMBULATORY SURGERY CENTER**

604 E CHEVES ST  
FLORENCE, SC 29506-2627 FACILITY #:843-777-6451  
SEGARS RN, MARIE G PH#: 843-777-6451

Facility Email: BALLEEN@MCLEODHEALTH.ORG

Fac. Cont. Email: BALLEEN@MCLEODHEALTH.ORG

Operating Rooms: 2

Endoscopy Rooms: 0

Procedure Rooms: 0

Total Number Units: 2

ASF-0080 / 09/30/2014

Florence / Non-Profit Corporation

604 E CHEVES ST

FLORENCE, SC 29506-2627

MCLEOD REGIONAL MEDICAL CENTER OF THE PEE DEE INC

Certified For:

**MIDLANDS ENDOSCOPY CENTER**

1 WELLNESS BLVD STE 111  
IRMO, SC 29063-2873 FACILITY #:803-749-3770  
KUDCHADKAR MD, ANIL PH#: 803-749-3770

Facility Email: BALBMINH@AOL.COM

Fac. Cont. Email: No Facility Contact Email on Record

Operating Rooms: 0

Endoscopy Rooms: 2

Procedure Rooms: 0

Total Number Units: 2

ASF-0093 / 02/28/2014

Lexington / Ltd. Liability

PO BOX 94

COLUMBIA, SC 29202-0094

MIDLANDS ENDOSCOPY CENTER LLC

Certified For:

## Ambulatory Surgical Facilities

DHEC Regulation 61-91

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Licensee

**MIDLANDS ORTHOPAEDICS SURGERY CENTER**

1930 BLANDING ST  
COLUMBIA, SC 29201-3520 FACILITY #:803-461-4740  
RUTLEDGE, BELINDA PH#: 803-331-6747  
**Facility Email:** BELINDAR@MIDLANDSORTHO.COM  
**Fac. Cont. Email:** BELINDAR@MIDLANDSORTHO.COM

ASF-0102 / 07/31/2014  
Richland / Ltd. Liability  
1930 BLANDING ST  
COLUMBIA, SC 29201-3520  
MIDLANDS ORTHOPAEDIC SURGERY CENTER LLC

**Operating Rooms:** 3  
**Endoscopy Rooms:** 0  
**Procedure Rooms:** 2  
**Total Number Units:** 5

**Certified For:****MOORE ORTHOPAEDIC CLINIC OUTPATIENT SURGERY CENTER**

104 SALUDA POINTE DR STE 200  
LEXINGTON, SC 29072-7295 FACILITY #:803-227-8083  
MERRITT RN, STACI H PH#: 803-227-8083  
**Facility Email:** STACI.MERRITT@MOORECLINIC.COM  
**Fac. Cont. Email:** No Facility Contact Email on Record

ASF-0109 / 12/31/2013  
Lexington / Ltd. Liability  
104 SALUDA POINTE DR STE 200  
LEXINGTON, SC 29072-7295  
MOORE ORTHOPAEDIC CLINIC OUTPATIENT SURGERY CENTER LLC

**Operating Rooms:** 4  
**Endoscopy Rooms:** 0  
**Procedure Rooms:** 1  
**Total Number Units:** 5

**Certified For:****MYRTLE BEACH AMBULATORY SURGERY CENTER**

839 82ND PKWY  
MYRTLE BEACH, SC 29572-4614 FACILITY #:843-692-2100  
STEVENS, SHELBOURN O PH#: 843-692-2100  
**Facility Email:** SOSHELBOURN@NOVANTHEALTH.ORG  
**Fac. Cont. Email:** No Facility Contact Email on Record

ASF-0095 / 06/30/2013 (Renewal Pending)  
Horry /  
2701 COLTSGATE RD STE 300  
CHARLOTTE, NC 28211-3594  
MBASC LLC

**Operating Rooms:** 2  
**Endoscopy Rooms:** 0  
**Procedure Rooms:** 1  
**Total Number Units:** 3

**Certified For:**

## Ambulatory Surgical Facilities

DHEC Regulation 61-91

Name of Facility  
Location Street  
Location City, State  
Administrator

License#/Expiration  
County/Ownership Type  
Mailing Address  
Licensee

**OUTPATIENT SURGERY CENTER OF HILTON HEAD**

190 PEMBROKE DR

HILTON HEAD ISLAND, SC 29926-2389 FACILITY #:843-682-5050

LUBA, SCOTT A PH#: 843-682-5050

Facility Email: SLUBA@HHISURGERY.COM

Fac. Cont. Email: No Facility Contact Email on Record

Operating Rooms: 3

Endoscopy Rooms: 2

Procedure Rooms: 2

Total Number Units: 7

ASF-0092 / 01/31/2014

Beaufort / Ltd. Liability

190 PEMBROKE DR

HILTON HEAD ISLAND, SC 29926-2389

OUTPATIENT SURGERY CENTER OF HILTON HEAD LLC

Certified For:

**OUTPATIENT SURGERY CENTER OF LEXINGTON MEDICAL CENTER IN IRMO**

7035 SAINT ANDREWS RD

COLUMBIA, SC 29212-1175 FACILITY #:803-749-0924

SIPE, ROGER L PH#: 803-749-0977

Facility Email: ROGERS@LEXHEALTH.ORG

Fac. Cont. Email: MJMURPHY@LEXHEALTH.ORG

Operating Rooms: 4

Endoscopy Rooms: 0

Procedure Rooms: 0

Total Number Units: 4

ASF-0013 / 11/30/2014

Richland / District

2720 SUNSET BLVD

WEST COLUMBIA, SC 29169-4810

LEXINGTON COUNTY HEALTH SERVICES DISTRICT INC

Certified For:

**OUTPATIENT SURGERY CENTER OF LEXMEDCTR-LEXINGTON**

811 W MAIN ST

LEXINGTON, SC 29072-2500 FACILITY #:803-358-6100

SIPE, ROGER L PH#: 803-358-6100

Facility Email: ROGERS@LEXHEALTH.ORG

Fac. Cont. Email: No Facility Contact Email on Record

Operating Rooms: 4

Endoscopy Rooms: 1

Procedure Rooms: 0

Total Number Units: 5

ASF-0057 / 08/31/2014

Lexington / District

2720 SUNSET BLVD

WEST COLUMBIA, SC 29169-4810

LEXINGTON COUNTY HEALTH SERVICES DISTRICT INC

Certified For:

## Ambulatory Surgical Facilities

DHEC Regulation 61-91

Name of Facility  
Location Street  
Location City, State  
Administrator

License#/Expiration  
County/Ownership Type  
Mailing Address  
Licensee

**PALMETTO ENDOSCOPY CENTER**

2073 CHARLIE HALL BLVD  
CHARLESTON, SC 29414-5834 FACILITY #:843-571-0643  
KING, ERIN PH#: 843-571-0643

Facility Email: EKING@PALMETTODIGESTIVE.COM

Fac. Cont. Email: No Facility Contact Email on Record

Operating Rooms: 0

Endoscopy Rooms: 2

Procedure Rooms: 0

Total Number Units: 2

ASF-0084 / 02/28/2014

Charleston / Limited Liability

2073 CHARLIE HALL BLVD

CHARLESTON, SC 29414-5834

PALMETTO ENDOSCOPY CENTER LLC

Certified For:

**PALMETTO ENDOSCOPY SUITE**

1520 TAYLOR ST STE 250  
COLUMBIA, SC 29201-2926 FACILITY #:803-509-5710  
BEST RN, GLENDA PH#: 803-509-5710

Facility Email: CAROLINADIGEST@AOL.COM

Fac. Cont. Email: No Facility Contact Email on Record

Operating Rooms: 0

Endoscopy Rooms: 2

Procedure Rooms: 0

Total Number Units: 2

ASF-0115 / 08/31/2014

Richland / Limited Liability

1520 TAYLOR ST STE 250

COLUMBIA, SC 29201-2926

PALMETTO ENDOSCOPY SUITE LLC

Certified For:

**PALMETTO SURGERY CENTER**

109 BLARNEY DR  
COLUMBIA, SC 29223-6244 FACILITY #:803-865-8200  
MCCLAMROCK, FLEET L PH#: 803-865-8200

Facility Email: FLEET@PALMETTOSURGERYCENTER.COM

Fac. Cont. Email: FLEET@PALMETTOSURGERYCENTER.COM

Operating Rooms: 4

Endoscopy Rooms: 0

Procedure Rooms: 0

Total Number Units: 4

ASF-0046 / 02/28/2014

Richland / Limited Liability

109 BLARNEY DR

COLUMBIA, SC 29223-6244

PALMETTO SURGERY CENTER LLC

Certified For:

## Ambulatory Surgical Facilities

DHEC Regulation 61-91

Name of Facility  
Location Street  
Location City, State  
Administrator

License#/Expiration  
County/Ownership Type  
Mailing Address  
Licensee

**PARKRIDGE SURGERY CENTER**

100 PALMETTO HEALTH PKWY STE 108  
COLUMBIA, SC 29212-1748 FACILITY #:803-407-4940  
KEENE, EMILIE M PH#: 803-407-4940  
Facility Email: EMILIE.KEENE@PALMETTOHEALTH.ORG  
Fac. Cont. Email: CLAYFOWLER@PALMETTOHEALTH.ORG

ASF-0078 / 11/30/2013 (Renewal Pending)  
Lexington / Ltd. Liability  
190 PARKRIDGE DR STE 108  
COLUMBIA, SC 29212-1748  
PARKRIDGE SURGERY CENTER LLC

Operating Rooms: 4

Endoscopy Rooms: 0

Procedure Rooms: 2

Total Number Units: 6

Certified For:

**PARKWAY SURGERY CENTER**

827 82ND PKWY  
MYRTLE BEACH, SC 29572-4607 FACILITY #:843-286-2020  
ROBERTS RN, MISTY T PH#: 843-286-2020  
Facility Email: MROBERTS@GSURO.COM  
Fac. Cont. Email: MROBERTS@GRANDSTRANDUROLOGY.COM

ASF-0061 / 10/31/2014  
Horry / Ltd. Liability  
827 82ND PKWY  
MYRTLE BEACH, SC 29572-4607  
PARKWAY SURGERY CENTER LLC

Operating Rooms: 2

Endoscopy Rooms: 0

Procedure Rooms: 1

Total Number Units: 3

Certified For:

**PHYSICIAN SURGERY CENTER AT ANMED HEALTH**

100 HEALTHY WAY STE 1220  
ANDERSON, SC 29621-7916 FACILITY #:864-512-4030  
MOON, BRENDA J PH#: 864-512-4030  
Facility Email: BRENDA.MOON2@ANMEDHEALTH.ORG  
Fac. Cont. Email: No Facility Contact Email on Record

ASF-0111 / 06/30/2013 (Renewal Pending)  
Anderson / Limited Liability  
100 HEALTHY WAY STE 1220  
ANDERSON, SC 29621-7916  
PHYSICIAN SURGERY CENTER AT ANMED HEALTH LLC

Operating Rooms: 3

Endoscopy Rooms: 0

Procedure Rooms: 1

Total Number Units: 4

Certified For:



## Ambulatory Surgical Facilities

DHEC Regulation 61-91

Name of Facility  
Location Street  
Location City, State  
Administrator

License#/Expiration  
County/Ownership Type  
Mailing Address  
Licensee

**PHYSICIANS EYE SURGERY CENTER**

2060 CHARLIE HALL BLVD STE 301  
CHARLESTON, SC 29414-6066 FACILITY #:843-571-4800

ROBINSON, REBECCA C PH#: 843-571-4800

Facility Email: ROBINSONB@THEPESC.COM

Fac. Cont. Email: ROBINSONB@EYESURGERYCENTEROFCHARLESTON.C

Operating Rooms: 4

Endoscopy Rooms: 0

Procedure Rooms: 0

Total Number Units: 4

ASF-0097 / 12/31/2013

Charleston / Limited Liability

2060 CHARLIE HALL BLVD STE 301

CHARLESTON, SC 29414-6066

PHYSICIANS EYE SURGERY CENTER LLC

Certified For:

**PHYSICIANS SURGERY CENTER OF FLORENCE**

1580 FREEDOM BLVD STE 300  
FLORENCE, SC 29505-6074 FACILITY #:843-674-2500

CRAVEN, DARCY PH#: 843-674-2500

Facility Email: DCRAVENN@CAROLINASHOSPITAL.COM

Fac. Cont. Email: No Facility Contact Email on Record

Operating Rooms: 4

Endoscopy Rooms: 2

Procedure Rooms: 2

Total Number Units: 8

ASF-0107 / 08/31/2014

Florence / Corporation

PO BOX 100550

FLORENCE, SC 29501-0550

QHG OF SOUTH CAROLINA INC

Certified For:

**RIVERTOWN SURGERY CENTER**

822 FARRAR DR, RIVERTOWN MEDICAL PARK  
CONWAY, SC 29526-8747 FACILITY #:843-347-9587

GUPTA, RAJAN PH#: 843-347-9587

Facility Email: K FARLEY@COASTALUROLOGY.COM

Fac. Cont. Email: No Facility Contact Email on Record

Operating Rooms: 3

Endoscopy Rooms: 0

Procedure Rooms: 3

Total Number Units: 6

ASF-0073 / 01/31/2014

Horry / Ltd. Liability

822 FARRAR DR, RIVERTOWN MEDICAL PARK

CONWAY, SC 29526-8747

COASTAL CAROLINA CENTERS OF UROLOGY AND SURGERY LLC

Certified For:

## Ambulatory Surgical Facilities

DHEC Regulation 61-91

Name of Facility  
Location Street  
Location City, State  
Administrator

License#/Expiration  
County/Ownership Type  
Mailing Address  
Licensee

**ROPER HOSPITAL AMBULATORY SURGERY & PAIN MANAGEMENT JAMES ISLAND**

325 FOLLY RD STE 200  
CHARLESTON, SC 29412-2507 FACILITY #:843-789-1550  
SAMPLE, MARIA I PH#: 843-789-1550  
Facility Email: WWW.ROPERSAINTFRANCIS.COM

Fac. Cont. Email: No Facility Contact Email on Record

Operating Rooms: 4  
Endoscopy Rooms: 0  
Procedure Rooms: 2  
Total Number Units: 6

ASF-0114 / 01/31/2014  
Charleston / Non-Profit Corporation  
325 FOLLY RD STE 200  
CHARLESTON, SC 29412-2507  
ROPER HOSPITAL INC

Certified For:

**ROPER HOSPITAL AMBULATORY SURGERY BERKELEY**

730 STONEY LANDING RD  
MONCKS CORNER, SC 29461-2948 FACILITY #:843-899-7700  
JONES, DEBRA PH#: 843-899-7700  
Facility Email: WWW.ROPERSAINTFRANCIS.COM

Fac. Cont. Email: No Facility Contact Email on Record

Operating Rooms: 3  
Endoscopy Rooms: 0  
Procedure Rooms: 1  
Total Number Units: 4

ASF-0063 / 02/28/2014  
Berkeley / Non-Profit Corporation  
730 STONEY LANDING RD  
MONCKS CORNER, SC 29461-2948  
ROPER HOSPITAL INC

Certified For:

**ROPER ST FRANCIS EYE CENTER**

18 FARMFIELD AVE  
CHARLESTON, SC 29407-7700 FACILITY #:843-958-2625  
SAMPLE, MARIA I PH#: 843-958-2625  
Facility Email: No Facility Email on Record

Fac. Cont. Email: MARIA.SAMPLE@RSFH.COM

Operating Rooms: 3  
Endoscopy Rooms: 0  
Procedure Rooms: 1  
Total Number Units: 4

ASF-0049 / 10/31/2014  
Charleston / Limited Liability  
18 FARMFIELD AVE  
CHARLESTON, SC 29407-7700  
LOWCOUNTRY SURGERY CENTER LLC

Certified For:

## Ambulatory Surgical Facilities

DHEC Regulation 61-91

Name of Facility  
Location Street  
Location City, State  
Administrator

License#/Expiration  
County/Ownership Type  
Mailing Address  
Licensee

**SOUTH CAROLINA ENDOSCOPY CENTER**

131 SUMMERPLACE DR  
WEST COLUMBIA, SC 29169-3058 FACILITY #:803-794-4585  
EDMONDSON, DOREEN O PH#: 803-794-4585  
Facility Email: DORTH@SCGASTRO.COM  
Fac. Cont. Email: No Facility Contact Email on Record

ASF-0036 / 12/31/2013  
Lexington / Ltd. Liability  
131 SUMMERPLACE DR  
WEST COLUMBIA, SC 29169-3058  
SOUTH CAROLINA ENDOSCOPY CENTER LLC

Operating Rooms: 0

Endoscopy Rooms: 4

Procedure Rooms: 0

Total Number Units: 4

Certified For:

**SOUTH CAROLINA ENDOSCOPY CENTER NORTHEAST LLC**

11 GATEWAY CORNERS PARK  
COLUMBIA, SC 29203-8902 FACILITY #:803-462-2300  
EDMONDSON, DOREEN O PH#: 803-794-4585  
Facility Email: DORTH@SCGASTRO.COM  
Fac. Cont. Email: No Facility Contact Email on Record

ASF-0074 / 05/31/2014  
Richland / Ltd. Liability  
11 GATEWAY CORNERS PARK  
COLUMBIA, SC 29203-8902  
CLASS PROPERTIES NORTHEAST LLC

Operating Rooms: 0

Endoscopy Rooms: 5

Procedure Rooms: 0

Total Number Units: 5

Certified For:

**SOUTH CAROLINA MEDICAL ENDOSCOPY CENTER**

1735 TAYLOR ST  
COLUMBIA, SC 29201-3452 FACILITY #:803-254-8449  
LLOYD MD, STEPHEN C PH#: 803-254-8449  
Facility Email: STEPHEN.LLOYD@POLYP.MD  
Fac. Cont. Email: STEPHEN.LLOYD@POLYP.MD

ASF-0042 / 08/31/2014  
Richland / Corporation  
PO BOX 1178  
COLUMBIA, SC 29202  
SOUTH CAROLINA MEDICAL ENDOSCOPY LLC

Operating Rooms: 0

Endoscopy Rooms: 2

Procedure Rooms: 0

Total Number Units: 2

Certified For:

## Ambulatory Surgical Facilities

DHEC Regulation 61-91

Name of Facility  
Location Street  
Location City, State  
Administrator

License#/Expiration  
County/Ownership Type  
Mailing Address  
Licensee

**SOUTHEASTERN SPINE INSTITUTE AMBULATORY SURGERY CENTER**

1106 CHUCK DAWLEY BLVD STE 100

MOUNT PLEASANT, SC 29464-4195 FACILITY #:843-849-1551

EDDINGS, ELIZABETH A PH#: 843-849-1551

Facility Email: ELIZABETH.EDDINGS@SOUTHEASTERNSPINE.COM

Fac. Cont. Email: No Facility Contact Email on Record

Operating Rooms: 2

Endoscopy Rooms: 0

Procedure Rooms: 1

Total Number Units: 3

ASF-0112 / 11/30/2014

Charleston / Limited Liability

1106 CHUCK DAWLEY BLVD STE 100

MOUNT PLEASANT, SC 29464-4195

SOUTHEASTERN SPINE INSTITUTE AMBULATORY SURGERY  
CENTER LLC

Certified For:

**SPARTANBURG SURGERY CENTER**

391 SERPENTINE DR STE 200

SPARTANBURG, SC 29303-3079 FACILITY #:864-585-2002

SIZEMORE, RICHARD T PH#: 864-585-2002

Facility Email: RICK.SIZEMORE@UROLOGYCENTER.NET

Fac. Cont. Email: RICK\_SIZEMORE@YAHOO.COM

Operating Rooms: 4

Endoscopy Rooms: 0

Procedure Rooms: 2

Total Number Units: 6

ASF-0026 / 01/31/2014

Spartanburg / Limited Liability Limited Partnership

391 SERPENTINE DR STE 200

SPARTANBURG, SC 29303-3079

SPARTANBURG UROLOGY SURGICENTER LP

Certified For:

**STRAND GASTROINTESTINAL ENDOSCOPY CENTER**

945 82ND PKWY STE 2

MYRTLE BEACH, SC 29572-4610 FACILITY #:843-839-2581

KELLEY, CHRISTINE T PH#: 843-839-2581

Facility Email: CHRISTINE.KELLEY@STRANDGASTRO.COM

Fac. Cont. Email: No Facility Contact Email on Record

Operating Rooms: 0

Endoscopy Rooms: 2

Procedure Rooms: 0

Total Number Units: 2

ASF-0062 / 11/30/2014

Horry / Corporation

945 82ND PKWY STE 2

MYRTLE BEACH, SC 29572-4610

STRAND GASTROINTESTINAL ENDOSCOPY INC

Certified For:

## Ambulatory Surgical Facilities

DHEC Regulation 61-91

Name of Facility  
Location Street  
Location City, State  
Administrator

License#/Expiration  
County/Ownership Type  
Mailing Address  
Licensee

**SURGERY AND LASER CENTER AT PROFESSIONAL PARK**

136 PROFESSIONAL PARK RD

CLINTON, SC 29325-7623 FACILITY #:864-938-9836

LUTZ RN, CAREY A PH#: 864-938-9836

Facility Email: CAREYANNRN@GMAIL.COM

Fac. Cont. Email: No Facility Contact Email on Record

Operating Rooms: 2

Endoscopy Rooms: 0

Procedure Rooms: 1

Total Number Units: 3

ASF-0103 / 11/30/2014

Laurens / Ltd. Liability

136 PROFESSIONAL PARK RD

CLINTON, SC 29325-7623

SURGERY AND LASER CENTER AT PROFESSIONAL PARK LLC

Certified For:

**SURGERY CENTER AT EDGEWATER**

2536 LENGERS WAY

FORT MILL, SC 29707-7126 FACILITY #:803-802-9500

KIRBY, ELIZABETH PH#: 803-802-9500

Facility Email: ELIZABETH\_KIRBY@CHS.NET

Fac. Cont. Email: No Facility Contact Email on Record

Operating Rooms: 3

Endoscopy Rooms: 2

Procedure Rooms: 0

Total Number Units: 5

ASF-0110 / 02/28/2014

Lancaster / Ltd. Liability

2536 LENGERS WAY

FORT MILL, SC 29707-7126

CAROLINA SURGERY CENTER LLC

Certified For:

**SURGERY CENTER AT PELHAM**

2755 S HWY 14

GREER, SC 29650-4902 FACILITY #:864-334-2400

HAZEN, BILL PH#: 864-334-2400

Facility Email: BHAZEN@PELHAMASC.COM

Fac. Cont. Email: BHAZEN@PELHAMASC.COM

Operating Rooms: 4

Endoscopy Rooms: 2

Procedure Rooms: 0

Total Number Units: 6

ASF-0091 / 12/31/2013

Spartanburg / Ltd. Liability

2755 S HWY 14

GREER, SC 29650-4902

SURGERY CENTER AT PELHAM LLC

Certified For:

## Ambulatory Surgical Facilities

DHEC Regulation 61-91

Name of Facility  
Location Street  
Location City, State  
Administrator

License#/Expiration  
County/Ownership Type  
Mailing Address  
Licensee

**SURGERY CENTER AT SELF MEMORIAL HOSPITAL**

101 ACADEMY AVE  
GREENWOOD, SC 29646-3869 FACILITY #:864-725-7500  
HINRICH, CAROL A PH#: 864-725-7500  
**Facility Email:** CAROLHINRICH@TOSCGREENWOOD.COM  
**Fac. Cont. Email:** CAROLHINRICH@TOSCGREENWOOD.COM

ASF-0055 / 05/31/2014  
Greenwood / Ltd. Liability  
101 ACADEMY AVE  
GREENWOOD, SC 29646-3869  
SURGERY CENTER AT SELF MEMORIAL HOSPITAL LLC

**Operating Rooms:** 5

**Endoscopy Rooms:** 0

**Procedure Rooms:** 0

**Total Number Units:** 5

**Certified For:**

**SURGERY CENTER OF BEAUFORT**

1033 RIBAUT RD  
BEAUFORT, SC 29902-5436 FACILITY #:843-322-5800  
EVEC, CAROLYN A PH#: 843-322-5800  
**Facility Email:** CEVEC@BEAUFORTSURGERY.COM  
**Fac. Cont. Email:** CEVEC@BEAUFORTSURGERY.COM

ASF-0048 / 06/30/2014  
Beaufort / Limited Liability  
1033 RIBAUT RD  
BEAUFORT, SC 29902-5436  
SURGERY CENTER OF BEAUFORT LLC

**Operating Rooms:** 3

**Endoscopy Rooms:** 2

**Procedure Rooms:** 0

**Total Number Units:** 5

**Certified For:**

**SURGERY CENTER OF CHARLESTON**

1849 SAVAGE RD  
CHARLESTON, SC 29407-4726 FACILITY #:843-766-7103  
STILL, MELODY PH#: 843-766-7103  
**Facility Email:** BSHUFORD@CHARLESTONENT.COM  
**Fac. Cont. Email:** No Facility Contact Email on Record

ASF-0072 / 12/31/2013  
Charleston / Limited Liability  
1849 SAVAGE RD  
CHARLESTON, SC 29407-4726  
CHARLESTON ENT ASSOCIATES LLC

**Operating Rooms:** 1

**Endoscopy Rooms:** 1

**Procedure Rooms:** 0

**Total Number Units:** 2

**Certified For:**

## Ambulatory Surgical Facilities

DHEC Regulation 61-91

Name of Facility  
Location Street  
Location City, State  
Administrator

License#/Expiration  
County/Ownership Type  
Mailing Address  
Licensee

**SYNERGY SPINE CENTER**

457-D BY PASS 123

SENECA, SC 29678-0842 FACILITY #:864-882-8850

MCMILLAN III, MARION R PH#: 864-882-8850

Facility Email: TAMMY@SYNERGYSPINECENTER.COM

Fac. Cont. Email: No Facility Contact Email on Record

Operating Rooms: 2

Endoscopy Rooms: 0

Procedure Rooms: 0

Total Number Units: 2

ASF-0066 / 08/31/2014

Oconee / Corporation

PO BOX 858

SENECA, SC 29679-0858

SYNERGY SPINE CENTER PA

Certified For:

**TRIDENT AMBULATORY SURGERY CENTER**

9313 MEDICAL PLAZA DR STE 102

CHARLESTON, SC 29406-9153 FACILITY #:843-797-8992

CARROLL RN, JEAN PH#: 843-797-8992

Facility Email: JEAN.CARROLL@HCAHEALTHCARE.COM

Fac. Cont. Email: No Facility Contact Email on Record

Operating Rooms: 6

Endoscopy Rooms: 0

Procedure Rooms: 0

Total Number Units: 6

ASF-0024 / 05/31/2014

Charleston / Limited Liability Limited Partnership

9313 MEDICAL PLAZA DR STE 102

CHARLESTON, SC 29406-9153

TRIDENT AMBULATORY SURGERY CENTER LP

Certified For:

**TRIDENT EYE SURGERY CENTER**

9297 MEDICAL PLAZA DR STE C

CHARLESTON, SC 29406-9136 FACILITY #:843-824-5024

CARROLL RN, JEAN PH#: 843-797-8992

Facility Email: JEAN.CARROLL@HCAHEALTHCARE.COM

Fac. Cont. Email: No Facility Contact Email on Record

Operating Rooms: 2

Endoscopy Rooms: 0

Procedure Rooms: 0

Total Number Units: 2

ASF-0039 / 04/30/2014

Charleston / Limited Liability Limited Partnership

9297 MEDICAL PLAZA DR STE C

CHARLESTON, SC 29406-9136

TRIDENT EYE SURGERY CENTER LP

Certified For:

## Ambulatory Surgical Facilities

DHEC Regulation 61-91

Name of Facility  
Location Street  
Location City, State  
Administrator

License#/Expiration  
County/Ownership Type  
Mailing Address  
Licensee

**UPSTATE ENDOSCOPY CENTER**

1922 MCCONNELL SPRINGS RD STE B  
ANDERSON, SC 29621-2642 FACILITY #:864-716-6555  
ATKINS, DEBORAH A PH#: 864-716-6555  
**Facility Email:** DEBORAH.ATKINS@ANMEDHEALTH.ORG  
**Fac. Cont. Email:** LYNNGREGORY@ANMEDHEALTH.ORG

ASF-0083 / 06/30/2014  
Anderson / Ltd. Liability  
1922 MCCONNELL SPRINGS RD STE B  
ANDERSON, SC 29621-2642  
ANMED ENTERPRISES INC UPSTATE ENDOSCOPY CENTER LLC

**Operating Rooms:** 0

**Endoscopy Rooms:** 2

**Procedure Rooms:** 0

**Total Number Units:** 2

**Certified For:**

**UPSTATE SURGERY CENTER**

10 ENTERPRISE BLVD STE 109  
GREENVILLE, SC 29615-3534 FACILITY #:864-458-7141  
BROOKS, KELLI J PH#: 864-254-5850  
**Facility Email:** GEOFFREY\_HIBBERT@BSHSI.ORG  
**Fac. Cont. Email:** No Facility Contact Email on Record

ASF-0050 / 09/30/2014  
Greenville / Ltd. Liability  
10 ENTERPRISE BLVD STE 109  
GREENVILLE, SC 29615-3534  
UPSTATE SURGERY CENTER LLC

**Operating Rooms:** 2

**Endoscopy Rooms:** 0

**Procedure Rooms:** 0

**Total Number Units:** 2

**Certified For:**

**UROLOGY SURGERY CENTER**

139 SUMMERPLACE DR  
WEST COLUMBIA, SC 29169-3058 FACILITY #:803-796-9968  
WATSON RN CMM, BARBARA M PH#: 803-796-9968  
**Facility Email:** BARBARA.WATSON@CAROLINAUROLOGY.COM  
**Fac. Cont. Email:** BWATSON@LEXINGTONURO.COM

ASF-0043 / 09/30/2014  
Lexington / Ltd. Liability  
139 SUMMERPLACE DR  
WEST COLUMBIA, SC 29169-3058  
UROLOGY SURGERY CENTER LLC

**Operating Rooms:** 2

**Endoscopy Rooms:** 0

**Procedure Rooms:** 2

**Total Number Units:** 4

**Certified For:**



## Ambulatory Surgical Facilities

DHEC Regulation 61-91

Name of Facility  
Location Street  
Location City, State  
Administrator

License#/Expiration  
County/Ownership Type  
Mailing Address  
Licensee

**WACCAMAW SURGERY CENTER**

4630 HWY 17 BYPASS

MURRELLS INLET, SC 29576 FACILITY #:843-357-2200

RESETAR, GAYLE L PH#: 843-651-8211

Facility Email: GRESETAR@GEORGETOWNHOSPITALSYSTEM.ORG

Fac. Cont. Email: GRESETAR@GEORGETOWNHOSPITALSYSTEM.ORG

Operating Rooms: 1

Endoscopy Rooms: 0

Procedure Rooms: 1

Total Number Units: 2

ASF-0085 / 08/31/2014

Georgetown / Non-Profit Corporation

3911 HWY 17 UNIT B

MURRELLS INLET, SC 29576-5014

WACCAMAW COMMUNITY HOSPITAL (INC)

Certified For:

**WESMARK AMBULATORY SURGERY CENTER**

420 W WESMARK BLVD

SUMTER, SC 29150-1983 FACILITY #:803-905-5590

CHAMPION, STEPHANIE PH#: 803-905-5590

Facility Email: SCHAMPION@WESMARKSURGERYCENTER.COM

Fac. Cont. Email: PROYAL@SUMTERUROLOGICAL.COM

Operating Rooms: 2

Endoscopy Rooms: 0

Procedure Rooms: 4

Total Number Units: 6

ASF-0081 / 03/31/2014

Sumter / Ltd. Liability

420 W WESMARK BLVD

SUMTER, SC 29150-1983

WESMARK AMBULATORY SURGERY CENTER LLC

Certified For:

**WESTSIDE EYE CENTER**

1413 JOHN B WHITE SR BLVD STE D

SPARTANBURG, SC 29306-3995 FACILITY #:864-574-7764

LEWIS, BONNIE PH#: 864-574-7767

Facility Email: BLEWIS@EASTSIDEYEYECENTER.COM

Fac. Cont. Email: No Facility Contact Email on Record

Operating Rooms: 2

Endoscopy Rooms: 0

Procedure Rooms: 0

Total Number Units: 2

ASF-0087 / 08/31/2014

Spartanburg / Ltd. Liability

735 E MAIN ST

SPARTANBURG, SC 29302-1281

WESTSIDE EYE CENTER LLC

Certified For:

## Ambulatory Surgical Facilities

DHEC Regulation 61-91

Name of Facility  
Location Street  
Location City, State  
Administrator

License#/Expiration  
County/Ownership Type  
Mailing Address  
Licensee

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**YORK COUNTY ENDOSCOPY CENTER**

164 GLENWOOD DR

ROCK HILL, SC 29732-2865 FACILITY #:803-325-9010

ORDWAY, SUSAN A PH#: 803-325-9010

Facility Email: YCEC@COMPORIUM.NET

Fac. Cont. Email: No Facility Contact Email on Record

Operating Rooms: 0

Endoscopy Rooms: 3

Procedure Rooms: 0

Total Number Units: 3

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ASF-0113 / 06/30/2014

York / Limited Liability

164 GLENWOOD DR

ROCK HILL, SC 29732-2865

YORK COUNTY ENDOSCOPY CENTER LLC

Certified For:

Total Number of Facilities: 76

Total Number of Units: 291